

STUDENTS

09.36 AP.21

**School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)**

SCHOOL : **Todd County Migrant Program** FACULTY MEMBER(S) SPONSORING TRIP **LAURA VOTH**

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: MEP

DESTINATION: **MEP MIDDLE SCHOOL CAMP@KY DAM VILLAGE** ADDRESS: **GILBERTSVILLE, KY**

Overnight; give name, address, phone of lodging: KY Dam Village (Executive Cabins)

DATE(S) OF TRIP: **06/25/24 & 06/28/24 (CAMP DROP OFF AND PICK UP)** DEPARTURE TIME: **8:00AM**  
RETURN TIME: **5:00PM**

SOURCE OF FUNDING FOR TRIP **MEP GRANT**

*NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.*

NUMBER OF: STUDENTS: **10** FACULTY SPONSORS: **L. VOTH, P, F GUNN** TOTAL # OF PARTICIPANTS: **12**

EAP: Person contacted at venue to discuss EAP: Cindy Sasser Person making contact: L.Voth

Is there an Automated External Defibrillator (AED) on site:  Yes  No If yes, where: Lodge

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: Radio/Cell

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

L Voth (CPR Trained/Advisor& Driver) \_\_\_\_\_

P Ramirez (CPR Trained/Camp Staff) \_\_\_\_\_

F Gunn (CPR Trained/Advisor & Driver) \_\_\_\_\_

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

\_\_\_\_\_  
*Signature of Faculty Sponsor* \_\_\_\_\_  
*Date*

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

**District Use Only**

**Section 2**

Approval of District Representative \_\_\_\_\_ Date \_\_\_\_\_

**DRIVER: TURN THIS FORM IN WITH TIMESHEETS**

**Section 3**

Date/Time Departure: \_\_\_\_\_ Odometer Start: \_\_\_\_\_

Date/Time Return: \_\_\_\_\_ Odometer End: \_\_\_\_\_

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver Comments:

Coach or School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

STUDENTS

09.36 AP.21

**School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)**

**SCHOOL : Todd County Migrant Program FACULTY MEMBER(S) SPONSORING TRIP LAURA VOTH**

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: MEP

**DESTINATION: MEP STUDENT LEADERSHIP INSTITUTE @ MSU ADDRESS: MURRAY, KY**

Overnight; give name, address, phone of lodging: Murray State University

**DATE(S) OF TRIP: 06/02/24 & 06/08/24 (CAMP DROP OFF AND PICK UP) DEPARTURE TIME: 8:00AM**

**RETURN TIME: 5:00PM**

**SOURCE OF FUNDING FOR TRIP MEP GRANT**

*NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.*

**NUMBER OF: STUDENTS: 10 FACULTY SPONSORS: L. VOTH, P, F GUNN TOTAL # OF PARTICIPANTS: 12**

**EAP: Person contacted at venue to discuss EAP: Cindy Sasser Person making contact: L.Voth**

Is there an Automated External Defibrillator (AED) on site:  Yes  No If yes, where:

Dining Hall, Residence Halls

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: Radio/Cell

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

L Voth (CPR Trained/Advisor& Driver) \_\_\_\_\_

P Ramirez (CPR Trained/Camp Staff) \_\_\_\_\_

F Gunn (CPR Trained/Advisor & Driver) \_\_\_\_\_

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

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*Signature of Faculty Sponsor*

\_\_\_\_\_  
*Date*

Approval of Site Based Council Representative \_\_\_\_\_

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Date